

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

Serial No.

FILING DATE

APPLICANT(S)

CLAIMS

| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 1242 | DEP. | | | | | |
| TOTAL | 103 | | | | | |
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*** MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS**